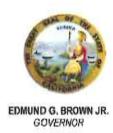


State of California—Health and Human Services Agency Department of Health Care Services



Medi-Cal County Inmate Program County Participation Form: Fiscal Year 2016-17 Quarter 4

	Fresno Cou County Name	nty chooses the option selected below in
response to o (MCIP) for a t	ur interest in voluntarily p	articipating in the Medi-Cal County Inmate Program April 1, 2017 through June 30, 2017 for Fiscal Year
2016-17:		ing in MCIP- By selecting this option, we are not voluntarily participating in the MCIP and intend on uted MCIP Agreement.
	Not Interested in part	icipating in MCIP
	of perjury, to the best of ssion.	d above is the option that said county will abide by my knowledge, is true and accurate based on the Date: 1/3/17
County Officia	al Title: <u>Director</u> , <u>Depar</u>	tment of Public Health
County Name	Fresno	
Primary Conta	act: David Pomaville	Alternate: Evelyn Reimer
Phone:	(559) 600-3200	Phone: (559) 600-7090
Email:_	dpomaville@co.fresno.c	a.us Email: ereimer@co.fresno.ca.us
SAFETY NET P.O. BOX 997	IT OF HEALTH CARE SE	ERVICES NMATE MEDI-CAL CLAIMING UNIT

EMAIL: DHCSIMCU@dhcs.ca.gov